

NATIONAL Assessment Centre Services

[ver 1 Jan'00]

MVA 11911676

| | | | |
|--|---|-----------------------|---------|
| Date In: 24 18 119 15:29 | Job description | Date & Time Completed | Done by |
| Ref No. NA/C7219014922164 | SAS e-filing | | |
| Veh No. PC 8298A | E-mail (within 3hrs, AIC 2hrs) | | |
| HOA 2318 119 16:30 | I-Motor Claim Form | | |
| OD <input checked="" type="checkbox"/> TP Reporting Only | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wk312 | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLD 2554 S INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of replr.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

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NA1906252

| | | |
|---------------------------------|---|-------|
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | |
| Auditors' Comments: | For claiming against INC Only (ver 10 Jan 2003) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUG Additional Services: | |
| | ON: | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$5 | |
| | TP (N11): TP (N-in INC) against INC \$20 | |
| | 9) N12: Idao Mobile \$0 | |
| | Invoice dated Fee Charged | |
| | Invoice dated Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| ACCIDENT STATEMENT | |
|----------------------------|--|
| Date Of Report | 24/08/2019 15:29 |
| Date Of Accident | 23/08/2019 16:30 |
| Exact Location Of Accident | NICOLL HWY TWDS KPE/TPE(BEFORE TUNNEL) |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|---|
| Vehicle Registration Number | PC8298A |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S PERFECTKOH LIMO |
| Co Reg No | 53260949B |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-91391843 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMB1SN1932321900 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | PATRICK LIM SOO KHAM |
| NRIC No | S1163636E |
| Date Of Birth | 05/05/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/11/1976 |
| Driving Experience | 42 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91391843 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 667B JURONG WEST ST 65 #11-169 |
| Postcode | 642667 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLD2554S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------------|
| Name | PATRICK LIM SOO KHIAM |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | PC8298A |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = PC 8298A

B = SLD 2554S

Nicoll Highway
towards KPE / TPE
(Before Tunnel)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

On 23.08.19 at about 16:30 hours at along Nicoll Highway towards KPE/TPE (Before Tunnel) .While I was travelling straight on my lane and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A) : PC8298A



Vehicle (B) : SLD2554S



SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|-------------|-------------------------|----------------------|--|
| Accident Date: 23/08/19 | | Time: 16:30 | | (hh:mm) 24 hr format | |
| Location Nicoll Highway towards KPE/TPE (Before Tunnel) | | | | | |
| Vehicle Number PC8298A | | | | | |
| Insured Name Perfecton Lim | | | | | |
| NRIC / FIN 53260949B | | | Contact Number - | | |
| Make Toyota | | Model Hiace | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | | |
| Insurance Company China Taiping | | | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | | |
| Policy Number DMB1SN1932321900 | | | | | |
| Name of Driver Patrick Lim Soo Khiam () Same as Insured | | | | | |
| NRIC / FIN | | | Contact Number 91391843 | | |
| Date of Birth 05/05/1956 | | | | | |
| Driving Pass Date 25/11/1976 | | | | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | | |
| Email Address - No e-mail - () NO EMAIL | | | | | |
| Address of Driver 31K 667B Jurong West street 65 | | | | | |
| #11-169 SC642667 | | | | | |
| Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No | | | | | |
| If No, Relationship of the Driver with the Insured | | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | | | | |
| Does the Driver Own Any Other Vehicle? () Yes () No | | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | | |
| Insurance Company of Driver's Own Vehicle | | | | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | | | | |
| If yes, injured detail Patrick Lim Soo Khiam (Body Pain) | | | | | |
| Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No | | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B | | SLD 2554S | | | |
| Veh C | | | | | |
| Veh D | | | | | |
| Veh E | | | | | |
| Veh F | | | | | |

IDENTITY CARD NO S1163636E



PATRICK LIM SOO KHIAM

For LKK/NAC Use Only



CHINESE

Date of birth

05-13-1955

Place of birth

SINGAPORE

M

PC8298A
driver

6104413



NRIC No. S1163636E

For LKK/NAC Use Only

Date of issue

16-01-2019

Address

APT BLK 667B JURONG WEST STREET 65

#11-109

SINGAPORE 642667

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1163636E**

Name: **PATRICK LIM SOO KHAM**

Birth Date: **05 May 1956**

Issue Date: **30 Jun 2015**

For LKK/NAC Use Only

002446033E

PC 8298A
driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles <= 200 cc | 28 Jul 1980 |
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 25 Nov 1976 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg | 10 Nov 1978 |
| Class 5 | Motor vehicles not constructed to carry any load and the unladen weight > 7250kg | 19 Sep 1980 |

For LKK/NAC Use Only

NP 428A



Land Transport Authority



VOCATIONAL LICENCE

Licence No. S1163636E

Name: PATRICK LIM SOO KHIAM

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

Pc 8298A

driver

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|---------------|------------|
| 12 | TAXI VL | 28/07/2009 |
| 03 | BUS VL | 03/05/2002 |
| 04 | BUS ATTENDANT | 03/05/2002 |

For LKK/NAC Use Only





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 20020834E

M2601
E SN
AN0659A
Cov.Type: C

MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

| | | |
|--|---|--|
| CERTIFICATE No. | DMB1SN1932321900 | Engine No :1GD8442324 ChaN0:GDH2232002113 |
| 1. Index Mark and Registration Number of Vehicle | PC8298A | AUTOSAFE ===== |
| 2. Name of Policy Holder | M/S PERFECTKOH LIMO | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 14 August 2019 (10:12 Hours) | Excess Sect I S\$2,000.00 Excess Sect. II S\$3,000.00 EX ON WINDSCREEN S\$100.00 |
| 4. Date of Expiry of Insurance | 13 August 2020 | |
| 5. Persons or Classes of Persons entitled to drive* | Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor vehicle. | |
| 6. Limitations as to use* | Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule. The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle. | |

HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

* Limitations rendered Inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HO LI HWA IRENE
Authorised Officer

Authorised Signatory